

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

**10/537555**

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
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47						
48						
49						
50			1			
TOTAL IND.		↓	1	↓		↓
TOTAL DEP.	←		0	←		←
TOTAL CLAIMS			1			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51				/		
52				/		
53				/		
54				/		
55				/		
56				/		
57			/	/		
58				/		
59				/		
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62				/		
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100						
TOTAL IND.		↓	2	↓		↓
TOTAL DEP.	←		18	←		←
TOTAL CLAIMS			20			